Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in TC 5-2-15-3.

Date:	<u>07-25-2008</u>	Address:	Trimmes Dr. w/o Dickens
Case #:	<u>32-28676</u>		Pimento, TN
County:	<u>Vigo</u>		<u>47866</u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	ional Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
<u>(check all if</u>	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s):	i <u>r, etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Woods			
Water Reactive Metal (Lithium): Woods			
Anhydrous Ammonia:			
Hydrocl	hloric Acid Gas Generator(s):		
Corrosi	ve Acid:		
Corrosiv	ve Basc:		
Other (i	tem and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Dephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Fire Department: <u>Pierson VFD</u> Health Department: <u>Vigo County</u> Child Protection Service: <u>N/A</u>		Fax: <u>812-495-5254</u> Fax: <u>812-234-1010</u> Fax: <u>N/A</u>	
Investigating ** This form	information regarding this methainphog Officer: Ritch A, Reynolds Phorm is to be faxed to the Fire Department, Healthin 24 hours of scene processing.	ne <u>(812)299-1153</u>	

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.